

Application No.: 10/647,656  
 Filed: August 25, 2003  
 TC Art Unit: 1724  
 Confirmation No.: 2132

Rev 12/04

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Via Facsimile

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Date: June 22, 2005

Attorney

Docket No.: ESI-008BX

(Formerly 301500.1004-123)

Sir:

In re application of: Oleg Kishkovich, et al.

Entitled: **FILTERS EMPLOYING POROUS STRONGLY ACIDIC POLYMERS**

Transmitted herewith is an amendment in the above-identified application. The following checked items are applicable:

- ☐ This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$ \_\_\_\_\_) per §1.17(e).
- ☐ Enter the unentered amendment previously filed on \_\_\_\_\_ per §1.116.
- ☒ A Petition for Extension of Time for 3 month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$1,020.00) per §1.17.
- ☒ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☐ Other:

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	2 - 3	= 0	x \$200.00 =	0.00
Total	20 - 20	= 0	x \$ 50.00 =	0.00
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$360.00 =	0.00
				0.00
Small Entity filing, divide by 2. Small Entity status must be asserted.				
				0.00

- ☒ No additional fee. ☐ The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$ \_\_\_\_\_) for the cost of same.
- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Frank M. Lawrence, Jr., TC Art Unit 1724, Fax No. (703) 872 9306, on June 22, 2005.

*Thomas O. Hoover*  
 Attorney of Record: Thomas O. Hoover  
 Registration No.: 32,470

TOH/dxr/s22819\_1

PAGE 2/12 \* RCVD AT 6/22/2005 4:31:11 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/7 \* DNS:8729306 \* CSID:6176950892 \* DURATION (mm:ss): 02:48

07/01/2005 TLOVELAC 00000001 230804 10647656

01 FC:1253 1020.00 DA

07/01/2005 TLOVELAC 00000001 230804 10647656  
 Sale Ref: 00000001 DRH:48  
 01 FC:1253 1020.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10647656

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	8	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8 minus 20= *	$\phi$
INDEPENDENT CLAIMS	2 minus 3= *	$\phi$
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 20	Minus ** 20	=
Independent	* 2	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	170

SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL	
ADDIT. FEE	